

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445310	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		FORM APPROVAL OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED 04/04/2017
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF COPPER BASIN			STREET ADDRESS, CITY, STATE, ZIP CODE 166 COPPER BASIN INDUSTRIAL PARK PO BOX 818 DUCKTOWN, TN 37328		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS A Life Safety Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 4/4/17. During this Life Safety Survey, Life Care Center of Copper Basin was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) Standard 101 - 2012 edition. The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidenced by:	K 000			
K 345 SS-D	NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure smoke detectors are 3 feet away from air flow per the requirements of: NFPA 101, 2012 Edition 19.3.4.1, 9.6.1.3 NFPA 72, 2010 Edition 17.7.6.7.2	K 345	The following actions have been accomplished for those residents that might be affected by the deficient practice and it is the policy of Life Care Center of Copper Basin to comply with NFPA 70 National Electric code, and NFPA 72 Code National Fire and Alarm and Signaling code and the Standards pertaining to ensuring smoke detectors are 3 feet away from air flow. Covers that deflect air flow away from the smoke detectors were ordered on April 24th, 2017 and the Covers that deflect air flow will be installed by May 9th, 2017 by the Maintenance Director. To identify if other Residents have the potential	5/9/17	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 30 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 345	Continued From page 1 This deficiency affects 2 of 7 smoke compartments. The findings include: Observation and interview with the maintenance director, on 4/4/17 at 10:42 AM revealed smoke detectors within 3 feet of air flow in corridor by resident rooms 110, 114, 118 and 221. The maintenance director was present when the deficiency was identified and acknowledged by the administrator during the exit conference on 4/4/17.	K 345	to be affected by the deficient practice an inspection was completed of all smoke detectors to ensure they are at least three feet away from air flow. 4 were identified on April 5th, 2017 and will be corrected by May 9th, 2017. The following Measures were put into place to ensure the deficient practice will not occur are that the Maintenance Director will audit the facility monthly to ensure the smoke detectors that are required to be are 3 feet away from air flow. Audit will be for three months to ensure compliance, and this audit was added to the preventative maintenance schedule. Corrective actions will be monitored to ensure the deficient practice will not occur by the Maintenance Director will present finding of the audit to the Performance Improvement Committee. PI members are the Executive Director, Director of Nursing Medical Director, Director of Rehabilitation, Director of Maintenance, Director of Environmental, Director of Dietary, Director of Social Services, Director of Activities, Business Office Manager, Health Information Manager, Minimum Data Set Coordinator, Business Development Coordinator and Human resources Director. This will be monitored for at least three months for		
K 351 SS-D	NFPA 101 Sprinkler System - Installation Sprinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This STANDARD is not met as evidenced by: Based on observation and interview, the facility	K 351			

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K 345	Continued From page 1 This deficiency affects 2 of 7 smoke compartments. The findings include: Observation and interview with the maintenance director, on 4/4/17 at 10:42 AM revealed smoke detectors within 3 feet of air flow in corridor by resident rooms 110, 114, 118 and 221. The maintenance director was present when the deficiency was identified and acknowledged by the administrator during the exit conference on 4/4/17.	K 345	K345 compliance.	5/9/17	
K 351 SS=D	NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This STANDARD is not met as evidenced by: Based on observation and interview, the facility	K 351	The following actions have been accomplished for those residents that might be affected by the deficient practice and it is the policy of Life Care Center of Copper Basin to comply with NFPA 101 Sprinkler System-Installation, and NFPA 13 the Standards pertaining to installation of sprinkler systems by ensuring a Hydraulic nameplate is located in the sprinkler Riser room. A hydraulic nameplate was ordered on April 22nd, 2017 and the Hydraulic nameplate will be installed by the Maintenance Director and corrected by May 9th, 2017. To identify if other Residents have the potential to be affected by the deficient practice an inspection was	5/9/17	

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K 351	<p>Continued From page 2</p> <p>failed to ensure a hydraulic nameplate was located in the sprinkler riser room per the requirements of:</p> <p>NFPA 101, 2012 Edition 19.3.5.1, 9.7.1.1 NFPA 13, 2010 Edition 24.5.1</p> <p>This deficiency affects 0 of 7 smoke compartments.</p> <p>The findings include:</p> <p>Observation and interview with the maintenance director, on 4/4/17 at 1:19 PM revealed the hydraulic nameplate was missing from the sprinkler system.</p> <p>The maintenance director was present when the deficiency was identified and acknowledged by the administrator during the exit conference on 4/4/17.</p>	K 351	<p>K 351</p> <p>completed of all Sprinkler riser rooms in this facility to ensure the required name plates were intact. No additional deficient areas were identified. A hydraulic nameplate for the Identified Riser room was ordered on April 22nd, 2017 and the Hydraulic nameplate will be installed by the Maintenance Director and corrected by May 9th, 2017.</p> <p>The following Measures were put into place to ensure the deficient practice will not occur are the Maintenance Director or Assistant will audit facility monthly to ensure the Sprinkler riser room has required nameplate for three months to ensure compliance, and this audit was added to the preventative maintenance schedule.</p>		
K 711 SS=D	<p>NFPA 101 Evacuation and Relocation Plan</p> <p>Evacuation and Relocation Plan</p> <p>There is a written plan for the protection of all patients and for their evacuation in the event of an emergency.</p> <p>Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2.</p> <p>18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3</p> <p>This STANDARD is not met as evidenced by:</p>	K 711	<p>Corrective actions will be monitored to ensure the deficient practice will not occur by the Maintenance Director will present finding of the monthly audit to the Performance Improvement Committee consisting of the Executive Director, Director of Nursing, Medical Director, Director of Rehabilitation, Director of Maintenance, Director of Environmental, Director of Dietary, Director of Social Services, Director of Activities, Business Office Manager, Health Information Manager, Minimum Data Set Coordinator, Business Development Coordinator and Human resources Director.</p>		

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K 351	Continued From page 2 failed to ensure a hydraulic nameplate was located in the sprinkler riser room per the requirements of: NFPA 101, 2012 Edition 19.3.5.1, 9.7.1.1 NFPA 13, 2010 Edition 24.5.1 This deficiency affects 0 of 7 smoke compartments. The findings include: Observation and interview with the maintenance director, on 4/4/17 at 1:19 PM revealed the hydraulic nameplate was missing from the sprinkler system. The maintenance director was present when the deficiency was identified and acknowledged by the administrator during the exit conference on 4/4/17.	K 351	K351 This will be monitored for at least three months for compliance.		
K 711 SS=D	NFPA 101 Evacuation and Relocation Plan Evacuation and Relocation Plan There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2. 18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3 This STANDARD is not met as evidenced by:	K 711	K 711 The following actions have been accomplished for those residents that might be affected by the deficient practice and it is the policy of Life Care Center of Copper Basin to comply with NFPA 101 Evacuation and relocation plan, and the Standards pertaining to the facility keeps dietary staff informed with their duties and basic responses under the plan. Dietary staff received education and training on the fire safety plan and on their duties related to the kitchen suppression system operation and how to properly activate the suppression system if there is a fire under the kitchen hood on April 11th, 2017 and repeated on	5/9/17	

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K 711	<p>Continued From page 3</p> <p>Based on interview, the facility failed to train dietary staff on the suppression system operation per the requirements of:</p> <p>NFPA 101, 2012 Edition 19.7.2.2(4)</p> <p>The deficiency affected 1 of 7 smoke compartments.</p> <p>The findings include:</p> <p>Interview with 1 of the dietary staff, on 4/4/17 at 1:10 PM revealed the staff member was not trained to properly activate the suppression system if there is a fire under the kitchen hood.</p> <p>The maintenance director was present when the deficiency was identified and acknowledged by the administrator during the exit conference on 4/4/17.</p>	K 711	<p>K 711</p> <p>April 25th, 2017 by the Maintenance Director and the Executive Director. To identify if other Residents have the potential to be affected by the deficient practice Dietary staff will receive continued education and training and opportunity for questions related to the fire safety plan and on their duties related to the kitchen suppression system operation by the Maintenance director once a month for three months.</p> <p>The following Measures were put into place to ensure the deficient practice will not occur. The Maintenance Director or Assistant will conduct a fire drill related to a kitchen fire under the hood for both shifts. This drill has been added to the Life safety drill schedule on will be conducted by May 9th, 2017.</p>		
K 920 SS=D	<p>NFPA 101 Electrical Equipment - Power Cords and Extens</p> <p>Electrical Equipment - Power Cords and Extension Cords</p> <p>Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL</p>	K 920	<p>Corrective actions</p> <p>will be monitored to ensure the deficient practice will not occur by the Maintenance Director will present finding of the monthly audit and response to fire drills to the Performance Improvement Committee consisting of the Executive Director, Director of Nursing, Medical Director, Director of Rehabilitation, Director of Maintenance, Director of Environmental, Director of Dietary, Director of Social Services, Director of Activities, Business Office Manager, Health Information Manager, MDS Coordinator, Business Development Coordinator and Human resources Director. This will be monitored for at least three months for compliance.</p>		

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NAME OF PROVIDER OR SUPPLIER

LIFE CARE CENTER OF COPPER BASIN

STREET ADDRESS, CITY, STATE, ZIP CODE

166 COPPER BASIN INDUSTRIAL PARK PO BOX 618
DUCKTOWN, TN 37326

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K 711	Continued From page 3 Based on interview, the facility failed to train dietary staff on the suppression system operation per the requirements of: NFPA 101, 2012 Edition 19.7.2.2(4) The deficiency affected 1 of 7 smoke compartments. The findings include: Interview with 1 of the dietary staff, on 4/4/17 at 1:10 PM revealed the staff member was not trained to properly activate the suppression system if there is a fire under the kitchen hood. The maintenance director was present when the deficiency was identified and acknowledged by the administrator during the exit conference on 4/4/17.	K 711		
K 920 SS-D	NFPA 101 Electrical Equipment - Power Cords and Extension Cords Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL	K 920	K 920 The following actions have been accomplished for those residents that might be affected by the deficient practice and it is the policy of Life Care Center of Copper Basin to comply with NFPA 101 Electrical Equipment-Power Cords and Extension cords, and the Standards pertaining to the facility has power strips in patient care areas that meet the UL standards. The power strips from resident rooms 129A and 133A were removed by the Maintenance Director on April 5th, 2017. To identify if other Residents have the potential to be affected by the deficient practice the Maintenance Director and Assistant did an inspection of all resident	5/9/17

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K 920	<p>Continued From page 4</p> <p>standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.</p> <p>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>This STANDARD is not met as evidenced by: Based on observation and record review, the facility failed to provide power strips in patient care areas for patient-care-related electrical equipment (PRCEE) and non-PRCEE that meet UL 1363A or UL 60601-01 for PCREE and UL 1363 for non-PRCEE per the requirements of:</p> <p>NFPA 99, 2012 Edition 10.2.3.6, 10.2.4, NFPA 70 400-8 & 590.3 (D)</p> <p>This deficiency affected 1 of 7 smoke compartments.</p> <p>The findings include:</p> <p>Observation and record review with the maintenance director, on 4/4/17 at 11:05 AM revealed resident rooms 129A and 133A have power strips, being used for multiple personal devices that are not UL 1363.</p> <p>The maintenance director was present when the deficiency was identified and acknowledged by the administrator during the exit conference on 4/4/17.</p>	K 920	<p>K 920</p> <p>care areas for unapproved electrical cords and power strips. Ten rooms were identified as having power strips that did not met the UL standards for patient care areas and ten UL approved power cords were ordered on April 26th, 2017. These UL approved power strips/ Extension cords will be used temporarily until the additional outlets can be installed in affected resident rooms. The new UL approved Electrical cords will be installed by May 9th, 2017.</p> <p>The following Measures were put into place to ensure the deficient practice will not occur. The Maintenance Director or Assistant will audit the resident care areas monthly to ensure only UL approved cords are in use. Audit will be for three months to ensure compliance, and this audit was added to the preventative maintenance schedule.</p> <p>Corrective actions will be monitored to ensure the deficient practice will not occur by the Maintenance Director will present finding of the monthly audit for unapproved use of Electrical cords/power strips in resident care areas to the Performance Improvement Committee consisting of the Executive Director, Director of Nursing, Medical Director, Director of Rehabilitation, Director of Maintenance, Director of Environmental, Director of Dietary, Director of Social Services, Director of Activities, Business Office Manager, Health Information Manager, Minimum Data Set Coordinator, Business Development</p>		

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K 920	<p>Continued From page 4</p> <p>standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.</p> <p>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>This STANDARD is not met as evidenced by: Based on observation and record review, the facility failed to provide power strips in patient care areas for patient-care-related electrical equipment (PRCEE) and non-PRCEE that meet UL 1363A or UL 60601-01 for PCREE and UL 1363 for non-PRCEE per the requirements of:</p> <p>NFPA 99, 2012 Edition 10.2.3.6, 10.2.4, NFPA 70 400-8 & 590.3 (D)</p> <p>This deficiency affected 1 of 7 smoke compartments.</p> <p>The findings include:</p> <p>Observation and record review with the maintenance director, on 4/4/17 at 11:06 AM revealed resident rooms 129A and 133A have power strips, being used for multiple personal devices that are not UL 1363.</p> <p>The maintenance director was present when the deficiency was identified and acknowledged by the administrator during the exit conference on 4/4/17.</p>	K 920	<p>K 920</p> <p>and Human resources Director. This will be monitored for at least three months for compliance.</p>		